



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services  
MaineCare Services  
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**DATE:** May 26, 2011

**TO:** Interested Parties

**FROM:** Patricia Dushuttle, Director of Policy Division, MaineCare Services

**SUBJECT:** Adoption final rule – Chapter 101, MaineCare Benefits Manual, Section 85, Chapter III, Physical Therapy Services

The Department of Health and Human Services is adopting this rule to correct some units of service in the Chapter III of Section 85 to become HIPAA compliant as mandated by the Centers of Medicare and Medicaid Services (CMS) and, in preparation for the federal certification of Maine Integrated Health Management Solution (MIHMS). Based on an analysis of provider utilization, the Department has completed rate adjustments that remain cost neutral with the corrected HIPAA compliant codes and units of service. Also, these changes result in all primary payers utilizing the same billing codes and units of service, assuring that MaineCare is indeed the payer of last resort.

The public hearing was held on February 28, 2011. The public comment deadline was March 10, 2011.

Rules and related rulemaking documents may be reviewed at and printed from MaineCare Services website at [http://www.maine.gov/dhhs/oms/rules/provider\\_rules\\_policies.html](http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html) or, for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-606-0215.

A copy of the public comments and Department responses can be viewed at and printed from MaineCare Services website or obtained by calling (207) 287-9368 or TTY: (207) 287-1828 or 1-800-606-0215.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 1-866-690-5585 or TTY: (207) 287-1828 or 1-800-606-0125.

## Notice of Agency Rule-making Adoption

**AGENCY:** Department of Health and Human Services, MaineCare Services

**CHAPTER NUMBER AND TITLE:** MaineCare Benefits Manual, Chapter III, Section 85, Physical Therapy Services

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:** The Department of Health and Human Services is adopting this rule to correct some units of service in the Chapter III of Section 85 to become HIPAA compliant as mandated by the Centers of Medicare and Medicaid Services (CMS) and, in preparation for the federal certification of Maine Integrated Health Management Solution (MIHMS). Based on an analysis of provider utilization, the Department has completed rate adjustments that remain cost neutral with the corrected HIPAA compliant codes and units of service. Also, these changes result in all primary payers utilizing the same billing codes and units of service, assuring that MaineCare is indeed the payer of last resort.

See [http://www.maine.gov/dhhs/oms/rules/provider\\_rules\\_policies.html](http://www.maine.gov/dhhs/oms/rules/provider_rules_policies.html) for rules and related rulemaking documents.

**EFFECTIVE DATE:** July 1, 2011

**AGENCY CONTACT PERSON:** Delta Cseak, Comprehensive Health Planner II  
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LAST UPDATED 07/01/11

MaineCare coverage of Physical Therapy Services is limited. Refer to Chapter II, Section 85.06 for specific limitations.

**Use the following modifiers when appropriate:**

**TF – Intermediate Level of care – used for PT Assistants and priced 10% below the Allowance rate**

**GP – Services delivered under an outpatient physical therapy plan of care**

Effective 7-1-11	CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
	97001	Physical Therapy Evaluation	per evaluation	\$39.93
	97002	Physical Therapy Re-evaluation (Ongoing therapy)	per session	\$21.55
	97150 GP	Therapeutic procedure(s), group (2 or more individuals)	per member per session	\$13.31
		<b>THERAPEUTIC MODALITIES SUPERVISED</b>		
	97012	Application of a modality to one or more areas; traction, mechanical	per service	\$ 6.93
	97014	Application of a modality to one or more areas;	per service	\$ 6.23
	97016	Application of a modality to one or more areas; vasopneumatic devices	per service	\$ 6.98
	97018	Application of a modality to one or more areas; paraffin bath	per service	\$ 3.39
	97022	Application of a modality to one or more areas; whirlpool	per service	\$ 7.84
	97024	Application of a modality to one or more areas; diathermy	per service	\$ 2.33
	97026	Application of a modality to one or more areas; infrared	per service	\$ 2.16
	97028	Application of a modality to one or more areas; ultraviolet	per service	\$ 2.91

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Effective 7-1-11	CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
		<b>THERAPEUTIC MODALITIES CONSTANT ATTENDANCE</b>		
	97032	Application of a modality to one or more areas; electrical stimulation (manual)	15 minutes	\$ 7.64
	97033	Application of a modality to one or more areas; iontophoresis	15 minutes	\$ 11.00
	97034	Application of a modality to one or more areas; contrast baths	15 minutes	\$ 6.67
	97035	Application of a modality to one or more areas; ultrasound	15 minutes	\$ 5.43
	97036	Application of a modality to one or more areas; Hubbard tank	15 minutes	\$ 11.75
		<b>THERAPEUTIC PROCEDURES</b>		
	97110	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 minutes	\$ 13.25
	97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities	15 minutes	\$ 13.84
	97113	Aquatic therapy with therapeutic exercises	15 minutes	\$ 15.93
	97116	Gait training (includes stair climbing)	15 minutes	\$ 11.62
	97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	15 minutes	\$ 10.65
	97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions	15 minutes	\$ 12.39

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk	15 minutes	\$ 14.94
97761	Prosthetic training, upper and/or lower extremity(s)	15 minutes	\$ 13.43
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	15 minutes	\$ 14.00
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training,) direct (one-on-one) patient contact by the provider	15 minutes	\$ 11.53
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by provider	15 minutes	\$ 12.24
97535	Self/care/home management training (e.g. activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider	15 minutes	\$ 14.20
97542	Wheelchair management(eg, assessment, fitting, training)	15 minutes	\$ 12.96
<b>ACTIVE WOUND CARE MANAGEMENT</b>			
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	per service	\$ 26.15

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	97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters	per service	\$26.15
	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical applications(s), wound assessment and instructions(s) for ongoing care	per service	\$ 18.73
		<b>TESTS AND MEASUREMENTS</b>		
	97762	Check out for orthotic/prosthetic use, established patient	15 minutes	\$ 14.79
	97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report	15 minutes	\$ 13.77
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	97755	Assistive technology assessment (e.g. to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report	15 minutes	\$ 16.04
	92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	per service	\$ 38.07
	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour	60 minutes	\$ 68.52
	92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; each additional 30 minutes	30 minutes	\$ 13.23

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
	<b>MUSCLE AND RANGE OF MOTION TESTING</b>		
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	per service	\$ 12.63
95832	Muscle testing, manual (separate procedure) with report; extremity - hand, with or without comparison with normal side	per service	\$ 11.53
95833	Muscle testing, manual (separate procedure) with report; – total evaluation of body, excluding hands	per service	\$ 17.85
95834	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk – total evaluation of body, including hands	per service	\$ 21.04
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	per service	\$ 8.34
95852	Range of motion measurements and report (separate procedure); each extremity – hand, with or without comparison with normal side	per service	\$ 6.49
	<b>CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g. NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)</b>		
96110	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report	per service	\$ 5.16
96111	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report – extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments (e.g., Bayley Scales of Infant Development) with interpretation and report	per service	\$ 62.66